# Communities
# COUNT 2000

## Social and Health Indicators Across King County

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# COMMUNITIES COUNT 2000
## Executive Summary

## Purpose:
To develop a community report card to assess the health and well being of people and communities in King County based on a set of community-defined indicators that will inform local and regional actions and funding.

## What This Report Offers:

- A common set of social and health indicators for use by all city and county governments, public agencies, human service funders, non-profit agencies, community-based organizations, and residents.

- *Communities Count* indicators are complementary to other local efforts:

  - ❖ *King County Growth Management Benchmarks* – *Communities Count* provides more detail on people and communities.
  - ❖ *Sustainable Seattle Indicators of Sustainable Community* – *Communities Count* includes all of King County and provides more detail on health and well being.

- Indicators were identified through a unique iterative process involving technical advisors and led by residents of King County.

- Special efforts were taken in the process to be inclusive of the ethnic and geographic diversity of King County and then in the analysis to report disparities based on region, age, race, income and gender.

- These indicators include routinely gathered information as well as new measures of community well being, such as social support, income distribution, reading to children, and social cohesion in neighborhoods.

- This report will be updated periodically to follow the progress of our health and well being over time.

The 29 indicators give a picture of our overall health and well being. Many indicators have been measured in King County for the first time and therefore offer only baseline information. Other indicators, however, have been measured over several years so we can get a sense for how well we are doing in the year 2000 relative to earlier years.

King County as a whole is making progress with grade school academic achievement , reducing crime, motor vehicle injuries, infant mortality, teen births, and adult alcohol abuse. But our situation is worsening with respect to affordable housing, tobacco use among adults and youth, alcohol use among youth, and the proportion of overweight people.

In general, there are not great differences by geographic regions of the county. There are no differences between North, Seattle, East and South regions for people's experience of social support, discrimination, stress, social cohesion, feelings of safety, participation in life enriching activities, participation in community organizations, alcohol abuse, or physical inactivity. Yet significant differences exist for these same indicators by age, income and education levels, race, and gender.

## Basic Needs and Social Determinants of Wellbeing

This category of indicators includes the crucial social, economic and environmental ingredients in our lives—everyone needs food, housing, income, social support, fairness and social acceptance.

- While few (5%) King County residents have concerns about getting enough food for themselves or their family, many have difficulty finding the money for monthly rent or mortgage payments. The housing affordability gap for median income home buyers has increased throughout the 1990s, and only one out of three rentals in King County was considered affordable in 1999.

- Once income data from the 2000 census is available, we can present an up-to-date picture of livable wage income. Based on 1990 census data, as many as one out of five King County residents lived in a household with income below this level.

- Even with recent data, poverty itself doesn't tell the full picture. The distribution of income in King County has been highly skewed toward the few wealthy residents throughout the past decade, as it has been for the United States. New data from the 2000 census will help us know how much income inequity is increasing locally.

- While 1999 survey data show that most King County adults report high levels of social support from family and friends, seniors receive less than younger residents, people earning less than $50,000 a year receive less than those whose incomes are higher, and people who are African American, Native American, and Asian American-Pacific Islanders receive less social support than whites.

- Almost 30% of King County residents report that they are experiencing discrimination in a variety of settings. One out of three have experienced recent unfair treatment based on their gender, 19% experienced discrimination based on their race, 19% based on their socioeconomic status, and 16% based on their age. More people of color than whites experienced discrimination, more women than men, and more young people than older people.

## Positive Development Through Life Stages

This category of indicators focuses on important ingredients of learning and healthy development from early childhood to the senior years.

- Not all people of working age are able to spend time with their children, other family members, or friends, because of the demands of their work schedules. While around 70% of King County employers offer flexibility in work hours, many fewer (especially the very large employers) offer flexibility to all employees. Annual vacations are short—in the first year of employment, less than 15% of employers offer more than two weeks.

- While 70% of respondents in households with young children reported that the children were read or told stories to on a daily basis, the percentage varies by education level of respondents. 83% of college graduates reported daily reading while only 50% of people with a high school education or less read to their young children everyday. South region did not fair as well on this indicator as other regions, and Seattle did better than the other three.

- Three out of four survey respondents who were in a couple reported daily reading to their young children compared to only half who were not in a couple relationship.

- Approximately two thirds of respondents with children who were using childcare arrangements expressed satisfaction. Cost and quality of care were the main reasons for dissatisfaction. Childcare typically costs over 25% of income for low-income families.

- King County public school 4th graders have made progress towards meeting the state standards for math, reading, writing, and listening, since assessment began in 1997. Students in Seattle and school districts in South county have progressed but not done as well as school districts in North and East King County.

- High school-age youth in four King County districts reported having only 20 or fewer of the 40 developmental assets measured in the Search Institute survey. The more assets our youth have the more likely they are to engage in positive behaviors and the less likely they are to participate in risky behaviors, such as alcohol, tobacco, and other drug use.

- Adults need a balance between work and leisure and 80% of King County adults reported that they were very or somewhat active in at least three life-enriching activities. This percentage was higher among those with higher levels of education.

- Seniors were significantly less likely to be involved in life enriching activities than people in younger age groups.

## Safety and Health

These 15 indicators provide details on environmental conditions and behaviors that contribute to our health as well as four specific health outcomes.

- The majority of King County residents don't worry often about safety in their neighborhoods, but those who do are concerned about children's safety. People who have yearly incomes of $50,000 or more perceive more safety in their neighborhoods than people who earn less. People who report themselves as white perceive more safety than people who are African American, Native American, Asian American or Pacific Islanders.

- The overall crime rate in King County has decreased significantly from a high of 93 crimes per 1,000 in 1987 to a low of 68 per 1,000 in 1998. Both major violent crime and property crime have been decreasing.

- Family violence as well as the generational cycle it creates are still of great concern. Between 1996 and 1998, 20% of murders, 10% of rapes, 28% of aggravated assaults, and 50% of simple assaults in King County involved domestic relationships. There were an average of 12,296 domestic violence offenses each year during this period.

- Infant mortality and teen births are both declining, but both remain higher in areas of the county where there is more poverty.

- Stress is reported less frequently by residents who earn more than $50,000, have a college degree, are white, and are in middle age groups.

- Use and abuse of alcohol and tobacco remain problems countywide. Youth and people of color report higher levels of tobacco use. Males, whether youth or adults, are more likely to participate in binge drinking.

- The proportion of adults who are overweight and obese is increasing in King County. The risk of being overweight is higher for middle-age adults than others, and higher for males than females. A lower proportion of people with college degrees are overweight than people with less education.

- Approximately 11% of King County adults under the age of 65 do not have any health insurance coverage. The percentage of uninsured goes up to 28% for those making less than $15,000 and down to only 3% of households with an income of $50,000 or more.

## Community Strength

These indicators reflect forces in the environment that contribute to community health—cohesion, involvement, service to others, environmental justice, and easy access to services. These measures have been collected for the first time in King County, so the information is baseline and there is no point of comparison.

- A sense of neighborhood social cohesion among King County residents varies by many subgroups within the population. People who are young, male, and non-white report less cohesion than others. People who have incomes of $50,000 or more, college degrees, and a couple relationship, whether married or not, report more social cohesion than others.

- About 70% of all King County adult residents say they are active in at least one community organization, such as a neighborhood group, political group or civic club, parent-teacher association, religious group or congregation. Young adults age 18-24 years are the least active. Women are more involved than men, and people who have completed college are more involved than those with less education.

- Less than half of King County public school districts report practices that support student participation in community service activities.

- Fewer than one out of three employers report that they have formal policies regarding employee participation in community service.

- There was a total of 2.2 million pounds of toxic chemicals released into the air by major manufacturing facilities in King County in 1997. Approximately 410,000 pounds (nearly 20%) of these chemicals were potentially cancer causing substances. The location of polluting facilities suggests that certain areas of South Region and Seattle are much more heavily impacted by air releases of cancer-causing substances than the rest of the county.

## Where Do We Go From Here?

There are many strengths in King County and our residents in general are experiencing good health and well being. The fact that so many King County indicators vary by income, education, race, and age gives us a better understanding of where it is important to focus our attention—livable wages, affordable housing, freedom from discrimination, and fairness within our society as a whole and within our own immediate communities. Families that worry over housing, food costs, childcare, and unfair treatment are less likely to have energy for reading to their children, providing emotional support, communicating clear guidelines and high expectations, and carrying out activities that nurture positive values and behaviors in their children and other family members. Such families also have fewer resources to pursue life enriching activities or to participate in community organizations that are a source of support and community engagement.

Can anything be changed? Our collective actions and policies can build supportive contexts for positive human development for all residents. Evidence points to some promising pathways to eliminate the inequalities: early childhood investment and education, narrowing the income gap and ensuring healthy workplaces. Each level of government, each agency, each employer and business, each organization, each school, each community of faith, each cultural group, and each person have roles to play in addressing the basic needs and social determinants of well-being for all King County residents.

# SUMMARY OF SOCIAL AND HEALTH INDICATORS

| Indicators | King County Progress: (😊 Getting Better / ☹ Getting Worse / ↔ No Change / ? Undetermined) | King County Trend^: (↑ Increase / ↓ Decrease / ↔ No Change / ? Undetermined) | Region | Race† | Income | Education | Age | Gender |
|---|:---:|:---:|:---:|:---:|:---:|:---:|:---:|:---:|
| **Basic Needs: Social Determinants of Well Being:** | | | | | | | | |
| Adequate Food | ↔ | ↔ | = | ★ | ★ | ★ | ★ | = |
| Livable Wage Income | ? | ? | ★ | ? | ? | ? | ? | ? |
| Income Distribution | ? | ? | ? | ? | ? | ? | ? | ? |
| Social Support | ? | ? | = | ★ | ★ | = | ★ | = |
| Freedom from Discrimination: Experience | ? | ? | = | ★ | ★ | ★ | ★ | ★ |
| : Hate Crimes | 😊 | ↓ | ? | ? | ? | ? | ? | ? |
| Affordable Housing | ? | ? | ★ | ? | ★ | ? | ? | ? |
| **Positive Development Through Life Stages:** | | | | | | | | |
| Family Friendly Employment Benefits | ? | ? | ? | ? | ? | ? | ? | ? |
| Parent/Guardian Involvement in Child's Learning | ? | ? | ★ | = | = | ★ | = | = |
| Quality Affordable Childcare | ? | ? | ? | ? | ? | ? | ? | ? |
| Developmental Assets, Risk & Protect Factors | ? | ? | ? | ? | ? | ? | ? | ? |
| Academic Achievement: Assessment | 😊 | ↑ | ? | ? | ? | ? | ? | ? |
| : Graduation Rate | ☹ | ↓ | ? | ? | ? | ? | ? | ? |
| Positive Social Values & Behaviors in Youth | ? | ? | ? | ? | ? | ? | ? | ? |
| Participation in Life Enriching Activities | ? | ? | = | = | = | ★ | ★ | = |
| **Safety & Health:** | | | | | | | | |
| Perceived Neighborhood Safety | ? | ? | = | ★ | ★ | = | = | = |
| Crime: Total Crime Rate | 😊 | ↓ | ? | ? | ? | ? | ? | ? |
| : Murder Rate | 😊 | ↓ | ★ | ★ | ? | ? | ★ | ★ |
| Motor Vehicle Crash: Deaths | 😊 | ↓ | ★ | = | ? | ? | ★ | ★ |
| : Hospitalizations | 😊 | ↓ | ★ | ? | ? | ? | ★ | ★ |
| Family Violence: CPS Referrals | ↔ | ↔ | ? | ? | ? | ? | ? | ? |
| : Domestic Violence | ? | ? | ★ | ? | ? | ? | ? | ? |
| Infant Mortality | 😊 | ↓ | ★ | ★ | = | ? | ★ | ? |
| Teen Births | 😊 | ↓ | ★ | ★ | ★ | ? | ? | ? |
| Stress | ? | ? | = | ★ | ★ | ★ | ★ | = |
| Tobacco and Alcohol: Adult Tobacco Use | ☹ | ↑ | ★ | ★ | ★ | ★ | ★ | ★ |
| : Youth Tobacco Use | ☹ | ↑ | ? | ★ | ? | ? | ? | ? |
| : Adult Alcohol Use | ☹ | ↓ | ★ | = | = | = | ★ | ★ |
| : Youth Alcohol Use | ☹ | ? | ? | ? | ? | ? | ? | ★ |
| Physical Activity and Weight: Activity | ↔ | ↔ | ★ | ★ | ★ | ★ | ★ | = |
| : Overweight | ☹ | ↑ | ★ | ★ | ★ | ★ | ★ | ★ |
| Restricted Activity Due to Poor Health | ↔ | ↔ | = | ★ | ★ | ★ | = | ★ |
| Health Insurance Coverage and Access | ↔ | ↔ | ★ | = | ★ | ★ | ★ | ★ |
| **Community Strength:** | | | | | | | | |
| Neighborhood Social Cohesion | ? | ? | = | ★ | ★ | ★ | ★ | ★ |
| Involvement in Community Organizations | ? | ? | = | = | = | ★ | ★ | ★ |
| Institutional Support for Community Service | ? | ? | ? | ? | ? | ? | ? | ? |
| Pollution in Neighborhoods | ? | ? | ? | ? | ? | ? | ? | ? |
| Ease of Access to Shops & Services | NA | NA | NA | NA | NA | NA | NA | NA |

*Group Comparisons*: ★ Significant Differences, = No Significant Differences, ? Undetermined*

^ Indicates whether there was a statistically significant increase or decrease in the measure for King County over the most recent years for which data are available. A question mark indicates that testing for trends was not possible.

* Differences are reported as significant (★) if any one group is statistically higher or lower than another. The equal sign indicates that there are no statistically significant differences. A question mark indicates that testing for significant differences was not possible.

† Includes any significant differences by Hispanic ethnicity that were found.

NA = Data not currently available.

# Communities Count 2000

## Introduction

T his report will provide you with a picture of the quality of community life across King County as we begin a new century. Each individual indicator highlights a social, economic or health issue that is of value or concern to people because it affects their sense of well being. COMMUNITIES COUNT 2000 will be followed by COMMUNITIES COUNT 2002 and so on, in order to track progress or lack of progress on each indicator over time. With this information in hand, the public, local governments, and all of us can assure that policies and funding decisions are informed by the indicators and are explicitly directed toward building and sustaining healthier communities.

### Our Purpose

The purpose of developing a set of social and health indicators for King County that reflects the wealth of knowledge and experience of both residents and technical experts is to:

❖ Provide a widely accepted index for monitoring the health and well being of King County communities.

❖ Inform funding decisions.

❖ Engage citizens in following progress.

❖ Complement King County's existing economic and environmental indicators.

### Our Beliefs

Three principles have guided this project:

1. Prevention and a long-term view of change are emphasized.

2. A data-based approach informs our understanding of what creates and sustains healthy communities and families.

3. Effective efforts involve citizens and experts, different disciplines, different parts of government, private and public sectors.

### Our Process

Through an extensive process, residents expressed their opinions on what they value in their families and communities, what they think creates and sustains healthy people and strong neighborhoods, and what social, health and economic problems they are concerned about. Over 1,500 King County residents participated through a random digit dial telephone survey, a series of focus groups, and seven public forums held across the county. Their opinions were recorded and are expressed as "valued conditions."

At the same time, technical advisors were discussing the scientific side of choosing a strong list of social and health indicators. They considered the valued conditions expressed by residents and were concerned with the scientific quality of the information available — issues of validity, reliability, consistency of measurement, whether data are available for the county only or for smaller areas, such as school districts, cities, regions, or for different age groups, ethnic groups, income levels and genders. The indicators selected were the most meaningful to residents and those considered most important to the overall health and wellbeing of people and communities.

## What Are the Indicators?

The core list of 29 indicators is listed below. Individual indicators are reported starting on page 5. COMMUNI-TIES COUNT will be updated with the most recent data available for each indicator approximately every 2 years.

### Basic Needs and Social Determinants of Wellbeing

Adequate food
Livable-wage income
Income distribution
Social support
Freedom from discrimination
Affordable housing

### Positive Development Through Life Stages

Family friendly employment benefits
Parent/guardian involvement in child's learning
Quality, affordable childcare
Developmental assets/risk and protective factors in youth
Academic achievement
Positive social values and behavior in youth
Participation in life-enriching activities

### Safety and Health

Perceived neighborhood safety
Crime
Motor vehicle injuries and deaths
Family violence
Infant mortality
Teen births
Stress
Tobacco and alcohol use
Physical activity and weight
Restricted activity due to physical/mental health
Health insurance coverage and access

### Community Strength

Neighborhood social cohesion
Involvement in community organizations
Institutional support for community service
Pollution in neighborhoods
Ease of access to shops and services

## Where Does the Information Come From?

The data used for the 29 indicators come from a wide variety of sources, including:

Community Health Survey of King County Adult Residents

Survey of King County Employers Regarding Benefits Policies/Practices

Survey of King County School Administrators Regarding Community Service

Behavioral Risk Factor Survey, King County and Washington State

Profile of Student Life (Developmental Asset Survey)

Youth Risk Behavior Surveys

United States Census Bureau

Birth, Death and Hospitalization Records

Uniform Crime Reports

Child Protective Services Records

EPA Toxic Release Inventory

King County Office of Regional Policy and Planning

Office of the Superintendent for Public Instruction Records

## How Should the Data Be Interpreted?

Whenever possible, indicators are reported for King County as a whole and for 4 regions within the county, as shown in the map. While smaller than the county, a region is still a high level of aggregation. Better yet would be communities within regions. Data collection at the community level, however, is very costly.

### The Four Regions of King County



North Region

Seattle

East Region

South Region
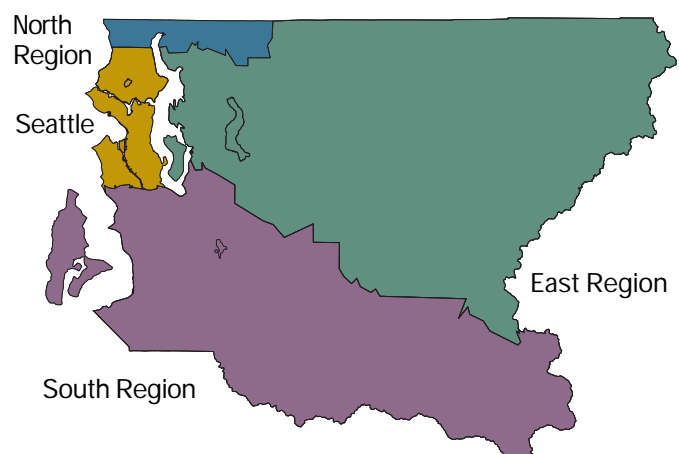
**Crude, Age-Specific, and Age-Adjusted Rate:** A rate in this report is usually expressed as the number of events per 100,000 population per year. When this applies to the total population (all ages), the rate is called the crude rate. When the rate applies to a specific age group (e.g., age 15-24), it is called the age-specific rate. The crude and age-specific rates present the actual magnitude of an event within a population or age group.

When comparing rates between populations, it is useful to calculate a rate which is not affected by differences in the age composition of the populations. For example, if one population has a higher death rate and more older people, it will not be easy to determine if its rate is truly higher or just reflects the high death rate among older people. The age-adjusted rate is a rate that mathematically removes the effect of the age composition. By convention, we adjust the rate to the age distribution of the 1940 U.S. population.

**Confidence Interval:** When comparing rates between different groups in King County with bar graphs, the "95% confidence interval" or margin of error is shown for each rate to assess how much the rate is likely to vary due to chance. For each estimated rate, one would expect the rate to fluctuate, but to remain within the confidence interval 95% of the time. The larger the population under consideration, the smaller the confidence interval, and thus the more reliable the rate. When comparing two rates, if the confidence intervals do not overlap, the difference in the rates is considered "statistically significant," that is, chance or random variation is unlikely to be the reason for the difference.

The following graph is an example which shows the average infant mortality rate per 1,000 live births and 95% confidence interval by region in King County. The infant mortality rate for Seattle appears to be higher than the rate for all of King County. However, since the higher end of the confidence interval for King County is greater than the lower end of the confidence interval for Seattle, their confidence intervals overlap. Therefore the difference between the two rates is not statistically significant. The confidence interval for the East Region, however, does not overlap with the intervals for Seattle. As a result, we can state that the infant mortality rate for Seattle is significantly higher than the rate for the East Region, but does not differ significantly from the other regions.



Confidence Interval Example
Infant Mortality
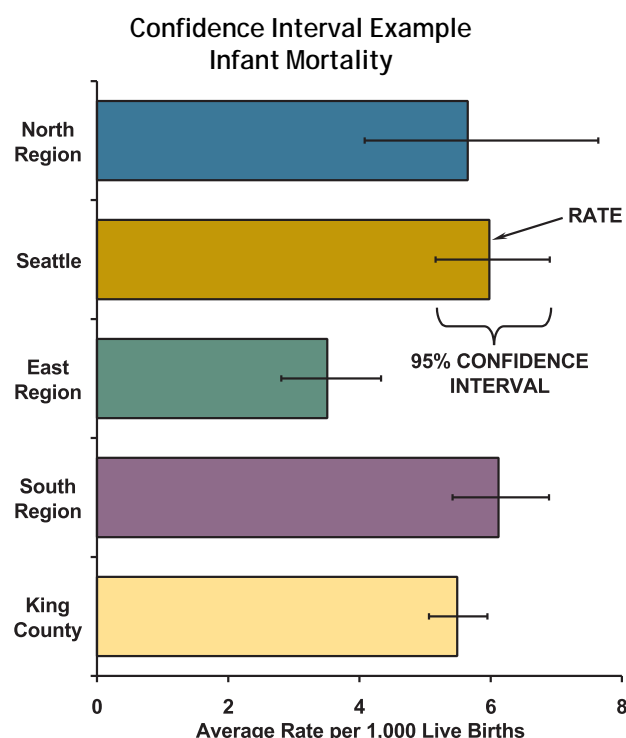
**Statistical Significance:** Differences between groups are examined for each indicator including differences by age, income, education, gender, race, marital or relationship status, and poverty level of area. Unless otherwise stated, all differences mentioned in the text are statistically significant. If not mentioned at all, readers should assume that differences were tested but not found to be statistically significant.

The potential to detect differences and relationships (termed the statistical power of the analysis) is dependent in part on the number of events or the sample size. Differences that do not appear to be significant might reach significance with a sufficient number of events or a large enough sample size.

For instance, in a survey, confidence intervals can vary widely depending on sample size. For a sample size of 210, confidence intervals can range up to 50% of the prevalence estimate. (In this case, a rate must be at least two times another rate to detect a statistically significance difference.) However, for a sample size of 1,000, the confidence intervals range up to only 20% of the prevalence (here, a rate can be only 40% higher than another rate to detect a difference). In this report for a few indicators, these are the approximate sample sizes for North and South Regions, respectively. Therefore, readers should treat findings of non-significance based on smaller numbers of events or sample sizes—and those involving wider confidence intervals—with caution.

**Rolling Averages:** For populations of small size (Native Americans in King County for example), small changes in the number of events will cause the rate to fluctuate substantially from year to year. To help stabilize the rate and observe the time trend of an event, rates are sometimes aggregated into "rolled" averages, such as in 3 or 5 year intervals, across the total observed period. For example, if there is a highly fluctuating rate caused by low numbers of events for years 1992 through 1996, the rates are instead reported as three-year rolling averages: 1992-1994, 1993-1995, and 1994-1996. For an example of a rolling average, see the chart titled, "Age-Adjusted Motor Vehicle Crash Death Rates" on page 45.

**Neighborhood Poverty Level:** To examine the relationship between poverty level and health indicators, the census tracts or zip codes in King County are ranked by the percentage of population living below the Federal Poverty Level in 1989. We then divided them into three groups in which more than 20%, 5 to 20%, and less than 5% of the population were living below poverty. These groups are labeled as "high poverty," "medium poverty," and "low poverty" neighborhoods respectively.

**Race/Ethnicity:** Most researchers believe that race/ethnicity is a marker for complex social, economic and political factors that are important influences on community and individual health, and that differences in rates of most diseases and injuries are not due to biologic or genetic factors. Many communities of color in this country have experienced social and economic discrimination and other forms of racism, which can negatively affect the health and wellbeing of these communities. We continue to examine and present data by race/ethnicity because we believe that it is important to understand which racial/ethnic groups are disproportionately affected by significant health issues. We hope this understanding will lead to strategies that address these issues, as well as the social and economic inequities which underlie them.